10/5/6552 CT/PTO 0.2 SED 2005

Rec'd PCT/PTO 02 SEP 2005

PTO/SB/81 (04-05)
Approved for use through 11/30/2005. OMB 0851-0035

	Apploted for use whough i mode 2003. Only 0031-003
	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC
Under the Paperwork Reduction Act of 1995, no persons are requir	red to respond to a collection of information unless it displays a valid OMB control number
	A constitution of the cons

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

red to respond to a collection of info	rmation unless it displays a valid OMB control number.					
Application Number	10/516,552					
Filing Date	December 1, 2004					
First Named Inventor	Hideji Tajima					
Title	Portable Terrenal Device and Lifestyle-related Disease Patient-Medical Institution Cooperation Treaty					
Art Unit	unknown					
Examiner Name	unknown					
Attorney Docket Number	10287.70					

		1			7				
I hereby revoke all previo	ous powers of attorney gh	ven in the ab	ove-ide	entified applic	ation.				
I hereby appoint:				-					
Practitioners associated with the Customer Number:			000027683						
OR	l							1	
Practitioner(s) named be	alow:								
	Name			Registration Number					
								⊣ ∣	
			· · · · · · ·						
								- ∤	
as my/our attorney(s) or agent Trademark Office connected the	s) to prosecute the application serewith.	identified above	, and to t	ransact all busi	ness in the	United	States Patent	and	
Please recognize or change th	e correspondence address for t	he above-identi	fied apoli	calion to:					
	ed with the above-mentioned C								
OR	eo with the above-mentioned C.]	ustomer Numb	= C	_	7				
The address associated with Customer Number: 000027683									
Firm or Individual Name	Haynes and Boone, LLP								
Address	901 Main Street, Suite 3100	•							
City	Dallas		State	тх		Zip	75202		
Country	USA								
Telephone	214-651-5634		Emall						
I am the: Applicant/Inventor.								į	
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
	SIGNATURE of		ssignee.	of Record				-	
Signature (Do Lan's	·D			Date	A	ug_24.6h.	2005	
Name (Hideil TA	2141	· -		Tèlephoné	+8	1-47-303	4800	
Title and Company (Title:	Phesident	Çö	mpany:	Lecision	(yst	em	<u> Ccien</u>	cè	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit mulliple forms if more than one signature is required, see below.									
Total of 1	forms are submitted.								

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.